RE04-0010

Anne R. Rikard and Gerald C. Rikard and Betty R. Olds, WARRANTY

TO

DEED

Martha Jane Hogue, GRANTEES

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, Anne R. Rikard and Gerald C. Rikard and Betty R. Olds, do hereby sell, convey, and warrant unto Martha Jane Hogue, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

3.72 acres are described as follows: Beginning at a point in the South section line of Section 33, Township 2, Range 6 West, said point being 660.4 feet west of the Southeast corner of said section 33; thence West with said South line of Section 33, 539.6 feet to a point in the center line of the Hernando Road; thence with the center line of said Hernando road North 32 degrees 15 minutes East 243 feet; thence continuing with the center line of said road North 54 degrees East 175 feet; thence continuing with said center line North 50 degrees East 350 feet; thence South 536.2 feet to the point of beginning and containing 3.72 acres of land, more or less. Lying in the Southeast Quarter. LESS AND EXCEPT:

1.10 acre tract as part of the Rikard tract in the Southeast Quarter of Section 33,

Township 2 South, Range 6 West, DeSoto County, Mississippi.
Beginning at a point on the south line of Section 33, Township 2 South, Range 6 West, said point being 854.13 feet west of the southeast corner of the southeast quarter of said section; thence North 23 degrees 46' West 209.11 feet to a point; thence North 85 degrees 50' West 35 feet to a point; thence North 25 degrees 44' West 45.26 feet to a point in the center of Lewisburg Road; thence South 47 degrees 30' West 341.14 feet along the center of said road to a point in the South line of Section 33, thence South 89 degrees 23' East 390.41 feet along the south line of said section to the point of beginning and containing 1.10 acres, more or less. All bearings are magnetic. LESS AND EXCEPT:

That property conveyed to DeSoto County, MS in Book 46, Page 267.

The warranty in this deed is subject to rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect in DeSoto County, Mississippi. Further subject to Easement to Home Telephone Co. of record in Book 180, Page 368, in the Chancery Court Clerk's office of DeSoto County, Mississippi.

By way of explanation, Anne R. Rikard,'s spouse, Culley Rikard is deceased, a copy of his death certificate being attached hereto. Further, title to the above property was in the name of Culley Rikard and his former wife, Elizabeth B. Rikard, who is also deceased, a copy her death certificate being attached hereto. Culley Rikard and Elizabeth B. Rikard had two children, Gerald C. Rikard and Betty R. Olds. Copies of Heirship Affidavits for both Culley Rikard and Elizabeth B. Rikard are attached hereto.

Further, by way of explanation, Gerald C. Rikard and Betty R. Olds, do hereby certify and acknowledge that the above property does not constitute any part of their homestead.

Taxes for the year 2004 are -0-, and possession is given with this deed.

WITNESS our signature(s), this the 1st day of April, 2004.

STATE MS. -DESOTO CO.

APR 2 3 50 PH '04 PS

BK 468 PG 655 NE DAVIS CH. CLK.

Unne R Rehard

Betty R. Olds

STATE OF MISSISSIPPI:

COUNTY OF DeSoto:

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named, Anne R. Rikard and Gerald C. Rikard and Betty R. Olds who acknowledged that they signed and delivered the above and foregoing Deed on the day and year therein mentioned, as their free act and deed, and for the purposed therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 1st day of April 2004.

My commission expires: June 17, 2007

Grantors Address:

1325 Mc Ingvale Road Hernanda, MS 38637 Phone: Res. - 662-449-4706 Bus. - NA

Prepared By:

Chamberlin-Nowak, P.C. 170 West Center St. Hernando, MS 38632 662-429-7888

Grantees Address: \$ 8845 Byhalia Road

Notary Publiculary Olive Branch, MS 38654

Phone: Res. - 66 2 39 6 3 00 Bus. - NA DE 50

YPE/RAINT			TENNESS	EE DEPARTMEN	T OF HEAD	LTH BI	K046	58PGO	557
ERMANENT LACK INK	1. DECEDENT'S NAME (First, A	Aiddle Last)	- Obditi	ITCATE U	DEAT	2. SEX	STATE	Ell E Luuroen	
FCR TRUCTIONS	Culley 4. SOCIAL SECURITY NUMBER		RI	[KARD		1	3 DATE C	IF DEATH (Morith,	
HANDBOOK	(cf Dechased)	SA AGE-LACT SC BIRTHDAY MAD.	MOE EAR	5 UNDERTUAY	d. D. TEO	Male	Feb:	ruary 2	5, 2000
	8. WAS DECEDENT EVER IN U.S	85	l		May	0 1014	i	t, only and sin	te or Foreign Country)
DECEDEN	1 X Yas 2 N	-72-75 - 77-EA-F		99. PLACE OF D	OTHER	only one)	UXIO	rd MS	
	95. FACILITY NAME ('I not institut	o X Inpatie	er) ER/Cut	patient 3 DO	ا∡ ا۸	Alemaia - 41	5 Rasi	tenon o]
ļ	Baptist Rage		- ,	Sc. CITY, TOWN,		N CT DEATH		9d. COUNTY	Other (Specify) OF DEATH
1	10 MARITAL STATUS-Married. Never Married, Widowed	11. SURVIVING SPC	CUSE	12a DECEDENTS	uphis	VID. 23		She	elbv
	O vorce/1 (Specify)	(ii whe. give maj	cen name,	128 DECEDENTS (Give kind of working life, L	Nork done du	CUPATION ring most of ired.!	12b. k	IND OF BUSINES	S/INDUSTRY
1	Married 13e. RESIDENCE STATE 1	Anne Rey	ynolds	Cal	esmar		ĺ		
. N/R	Me	30. COUNTY	1	WN OF LOCATION	-Comai		YO'r	K Arms	Sporting Goods
ENEUS TRAC	CT 13e. INSIDE CITY 134 719 CO	DeSoto	Olive	Branch		,	Ewy 3		LOCATION
Part of the part o	LIMITS?	Spe Mexi	DECEDENT OF HIS cit, yes or bolf yes, s can, I werto Fican, etc.	PANIC ORIGIN?	15.	RACE-American Ind Black, Vehi-e, etc.	an,		EDENT'S EDUCATION
	2 🗶 ∞ 3865	a		Yes O	Ж No	(Specify)	ļ t- <u></u>	(Specify only	highest grade completed)
E PAGENTS	17. FATHER'S NAME (Fist Middle	Specify, if y	yos		10 110=1	White			dary (0-12) College (1-4 or 5+)
Po Es	Ezekial pik	ard			1	FINAME (First, M.)		Sum a rna)	
INFORMAN	19a. INFORMANT'S NAME (Type)	Print)	19b. RE	LATIONSHIP TO CEASED	19c MAILIF	ry Darli IG ADDRESS (Street Zip Code)	ng		
HAPUNKIAR				CEAGED	State, 2	Hwy 304	ann Numbe:	or Hural Route Nu	mber, City or Town,
	Anne Rikard 20a. METHOD OF DISPOSITION		Wif	e	~ 1 :		h we	2060	•
	1 X Buriel 2 Cremetion	3 Removal from State	other place)	SPOSITION (Name of	f cemetery, ci	remaiory, or 2	Oc. LOCATIO	3865 ON-City or Town, t	4 State
	4 Donation 5 Other (Specif	,	Boggan	O					
	21a. SIGNATURE OF FUNERAL DIF	RECTOR	∤≥710. LICENS	Cemeter	SIGNATI DE	()E PARALLES	Olive	Branc	h MS
DISPOSITION			PUNER	AL DIRECTOR	SKITCHE	OF EMBALWER		21	d. LICENSE NUMBER OF EMBALMER
	Larry Wray 228. NAME AND ADDRESS OF FUN		178	▶	G 14	enn Gray			
	ł				916	ann Gray	22b	LICENSE NUMB	4629 ER OF FUNERAL HOME
	Brantley Fune P.O. Box 1706								EN OF FUNERAL HOME
REGISTRAR	23. REGISTI ARS SIGNATURE	9 Memphis	TN 38	<u> 187-0069</u>)			FE117	
TIEGIO TIMI	Stander S	arke		Dep	uty	AAAD	**************************************	1	
	25a. PHYSICIAN - To the best of	my knowledge, death occ	curred at the date an	d place, and due to	he cause(s) s	IVIAN O	2 200) 	
	J JUNATURE AND TITL	E OF PHYSICIAN				5b. LICENSE NUMBI		1050 0475 016	
CERTIFIER	28a. MEDICAL EXAMINER - On the In	- Men., M	W			_		02 - 21	NED (Month, Day, Year)
	26a. MEDICAL EXAMINER - On the b	OCAMBINATION AND/OF	r investigation, in my	opinion, death occu	rred at the da	te and place, and due	o to the caus	e(s) and manner a	s stated.
N OR MED.	>	William in the Charles	n.		26	Bb. LICENSE NUMBE	A		NED (Month, Day, Year)
CERTIFICATE	27. NAME AND ADDRESS OF CERTIF	IER (PHYSICIAN OR MED	DICAL EXAMINER) (T	vpe/Print)					, , ,
MPLETE AND MCAL CERTIFI- WITHIN 48	Rdward Muir	M D							
	arrest, shock, or heart for	ries, or complications that silure List only one cause	caused the death. D	o not enter the mou	of Living, su	Germa ch as cardiac or resp	antow	n TN 38	
	iMMEDIATE CAUSE (Final disease or condition	1	11 1			,	y		Approximate Interval Between Onset and Death
RUCTIONS HER SIDE	resulting in death) ————————————————————————————————————	Large JOUET	C C //	ymphone	<u> </u>				i
1	_ / b.	000211	o (on no n conse	JUENCE OF):					4 weeks
101101	Sequentially list conditions,	DUE TO	O (OR AS A CONSEC	QUENCE OFI					
CAUSE OF DEATH	CAUSE (Disease or injury	· 		·					
	that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEC	UENCE OF):					
RX P	d. ART II. Other significant conditions con	tributing to death to							
101	ART II. Other significant conditions con	winding to death but not	esulting in the unde	riying cause given ir	Part I.	29a. WAE A	N AUTOPSY	29b. WERE	AUTOPSY FINDINGS
'			ŧ			PEHFC	PRMED?	COMPL	BLE PRIOR TO ETION OF CAUSE
						-		OF DEA	TH?
30	MANNER OF DEATH	31a. DATE OF INJURY	31b. TIME OF	31c. INJURY AT	WORKS	1 Yes	2 X N	1 Yes	2 No
1	Investigation	(Month, Day, Year)	INJURY	7-7		31d. DESCRIBE HO	W INJURY O	CCURRED	
2					Yes No	•			
3	Suicide 6 Could not be Determined	31e. PLACE OF INJURY building, etc. (Spec	-At home, farm, stree	et, factory, office		CATION (Street and I	Vumber or P	Iral Route Mumb -	r, City or Town, State)
	, omede						(1)		, orly or rown, State)

BIRTH NO.

ELINARTH	B	Rikard	DEATH NO.	<u>ාග=u0405</u> ුදු දැනු ද
4. SEX S. SINGLE, M. S	ARRIED, WIDOWED, 6. DA	TE MONTH DAY YEAR Y	AGE (IN YEARS IF UNDER	1 YR. IF UNDER 24
3.331.0	- WHATE ASSET	a. city of revis	10 70 1	NAIDE CITY LIMIT
U. A.			0.16.00	PERIOR ON A PARTY
		AUSER -	G. P. Supplement R	WAR OR DATES
				OF SERVICE
				Land Mr.
			1000	CHITTE AND WATER
			<u> 190,9</u>	
TOTAL TOTAL CONTROL OF THE PARTY OF THE PART	o Prilad		lanrma.	
SALAN CONDITION SYED IN	PART I (A)		NEW TO REMINAL	20. WALAUBON PERPONNE
			The second second	YES [] NO
	and the second second		1958	
HON SOCURED	t. PLACE OF INJURY (In a p. Porty, Pactory, Street, Office But	About 217. PLACE	CITY, TOWN OR RUI	RAL COUNTY ST
	T PURP OF THE BOTT AND	THE CLUM O) DATE

: ;



(Heirship	of CULLEY RIKAR	<u> </u>	Deceased)	
Michigan	•		•	
STATE OF	<u> </u>			
COUNTY OF LIESATO	2			
	ew; s		, of lawful ag	e,
being first duly sworn, upon his or	- -			<u>^</u>
That he was personally w	vell acquainted with the abo	ove decedent, during his life	time, having known him for	<u>e</u>
years, and that affiant bears the f	ollowing relationship to the	said decedent, towit:	tep son	-
Affiant further states that	the said decadent denset-	d this life at Bap Fast He	1. 11	· ;
	on or about $\frac{2b}{2}$	g	7	<i>1</i> .
the date of his death.	On or about	, 20000,	being 35 years old a	at .
	ne was well acquainted with	the family and near colotius	es of the said decedent, and with a	
those who would under the laws	of the State of Missis	55/00/ he his haire	and that the following statements	ill
and the answers to the following n	amed questions are based	upon the personal knowledge	e of affiant and are true and correct	٨.
QUESTION 1 - Did the decedent I			e or amant and are true and correc	t:
QUESTION 2 - If so, has the will b	peen admitted to probate -	at what place, and when?	ANSWER: NA	-
				_
QUESTION 3 - Has an administra	tor been appointed for the	estate of said deceased? A	NSWER: NO	_
QUESTION 4 - If so, give the Cou	nty in which the said admir	nistration proceedings are p	ending, and the name and address	s
of the administrate			· · · · · · · · · · · · · · · · · · ·	_
				_
QUESTION 5 - Did the decedent re				
If yes, attach copy	of Division of Medicaid W	aiver of Recovery pursuant	to Section 43-13-317.	
QUESTION 6 - Give the name and	rd address of the surviving v	vidow or widower of decede	nt. ANSWER: XNNE	:
_	date of death A			
QUESTION 7 - If the decedent was	married more than once, g	ive the name of the former h	usband or wife, and state whether	
-1	e is dead or divorced.	./ 1 00	0\	
	•		ceased)	
QUESTION 8 - On the blank lines I				
together with the o	ther information called for:	ANSWER: (Give names of	• •	
NAME OF CHILD	DATE OF BIRTH DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH	7
Gerald C. Rikard	4-10-43	Carokyn	72 Vaughn Lave	Mire Brown Ms 78654
Betty R. Okls	11-29-56	David	60 Vaughn Lane	NIS 78654
). <u></u>		1		
			-	
QUESTION 9 - Give below the nam for: ANSWER;	nes of any deceased childre	en of the decedent, together	with the other information called	
MAME OF CHILD	DATE OF BIRTH DATE OF DEATH	SURVIMING HUSBAND OR WIFE	IF NOT LIVING DATE OF DEATH	
None	-		ONLE OF DEATH	
· ************************************				

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1	MANE OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING, DATE (F DEATH	NAME OF FATHER AND MOTHER
4					
QUESTION 11 - !	Did the decedent hav	ve any adopted c	nildren or step-ch	ildren taken into his ho	ma?
A	NSWER: Yes 1/	No	IF SO, WRITE T	HEIR NAMES AGES	AND ADDRESSES IN THE
			BLANK LINES		VIAN VANNESSES IN THE
N TI	AME.	\$\frac{AGE}{52}	,	ADABBEE	
1. Thomas	4			Malone Rd. S.	Hernondo, 1
_2. <u> </u>	A. Lewis		4/08	ridge Rd.	Smyrna 50
3					
5					
OUESTION 12	Did the decedent les		hts		
	and whether they have			as nearly as possible	, the amount of such debts
	NSWER: <u>Vo</u>	-			
		shildren than si			
					ether with other information
1/1/	alled for), of his survi			isters: ANSWER:	E NOT LIVING
	AME	RELATIONSH		DATE OF	F NOT LIVING DEATH
					nes of any deceased brothers
1	THER/SISTER DA			SURVIVING CHILDREN	IF NOT LIVING DATE OF DEATH
				Home 1	
			Signatur	e of Affiant	<u> </u>
Subscribe	d and sworn to before	e me this 3°	day of _	March	10204
	pires:			Cornie	Kkeawill
My commission ex	17, 2007				
My commission ex			i	Notary Public	
			ĺ	Notary Public	/
		CORROBO	RATION AFFIDA	•	/
			RATION AFFIDA	VIT	king the foregoing affidevit \
STATE OF			RATION AFFIDA	VIT	king the foregoing affidavit.)
June	v E. L		RATION AFFIDA	VIT	
STATE OF COUNTY OF age, being first du	y sworn, upon his oal	(To be si	RATION AFFIDA igned by some pers e information give	VIT on other than the one ma	of lawful
STATE OF	y sworn, upon his oal	(To be si	RATION AFFIDA igned by some pers e information give	VIT on other than the one ma	ogoing affidavit, made by
STATE OF COUNTY OF age, being first du	y sworn, upon his oal	(To be si	RATION AFFIDA igned by some pers e information give	VIT on other than the one ma	of lawful
STATE OF COUNTY OF age, being first du	y sworn, upon his oal	(To be si	e information give	VIT on other than the one ma	, of lawful egoing affidavit, made by inowledge of this affiant.
STATE OF COUNTY OF age, being first dun	y sworn, upon his oal 5 0	(To be si e い、ら th states: That th	e information give	on other than the one main in the above and forestrue, to the personal in the strue, the strue is the strue in the strue is the strue in the strue is the st	, of lawful egoing affidavit, made by inowledge of this affiant.
STATE OF COUNTY OF age, being first dun	y sworn, upon his oal	(To be si e い、ら th states: That th	e information give	on other than the one main in the above and forestrue, to the personal in the strue, the strue is the strue in the strue is the strue in the strue is the st	, of lawful egoing affidavit, made by inowledge of this affiant.
STATE OF COUNTY OF age, being first dun	y sworn, upon his oal	(To be si e い、ら th states: That th	e information give	on other than the one main in the above and forestrue, to the personal in the strue, the strue is the strue in the strue is the strue in the strue is the st	, of lawful egoing affidavit, made by inowledge of this affiant.



(Heirship ofCULLEY_RIKARDDeceased)
STATE OF MISSISSIPPI
COUNTY OF DESITO
Kuby E. Lewis, of lawful age,
being first duly sworn, upon his oath deposes and says:
That he was personally well acquainted with the above decedent, during his lifetime, having known him for <u>20</u>
years, and that affiant bears the following relationship to the said decedent, towit: Step daughter in law-
Affiant further states that the said decedent departed this life at Replief E. Nose, in Shelby County,
State of Tennessee , on or about 46. 25 , page , being 85 years old at
the date of his death.
Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all
those who would under the laws of the State of Mississippi , be his heirs, and that the following statements
and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:
QUESTION 1 - Did the decedent leave a will? ANSWER: ///
QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER:
QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER:
QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator. ANSWER:
QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes No
If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.
QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER:
Rikard
If not living, state date of death
QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether
said former spouse is dead or divorced.
ANSWER: Klizabeth B. Rikard (deceased)
QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased,
together with the other information called for: ANSWER: (Give names of surviving children only)
ADDRESS OR
NAME OF CHILD A B DATE OF BIRTH DATE OF DEATH A HUSBAND OR WIFE DATE OF DEATH
1 Gerold C. Rikard 4-10-43 Parolyn 72 Vougha Lane 7 Olive Be 2 Rotty R. Olds 11-28-56 David 60 Vougha Lane 7 Ms. 38
Destly R. Olds 11-28-36 David 60 Vaugha Lave 5
3
4
QUESTION 9 - Give below the names of any deceased children of the decedent, together with the other information called for: ANSWER:
SURVIVING IF NOT LIVING AMME OF CHILD DATE OF BIRTH DATE OF DEATH HUSBAND OR WIFE DATE OF DEATH
1. NONE
2
3
4

BK 0468PG 0662

1	NAME OF CHILD	DATE OF BIRTH	IF NOT LIVING, DATE OF DEATH	NAME OF FATHER AND MOTHER
3				
	11 - Did the decedent	have any adopted c	hildren, or step-children taken into	his home?
	ANSWER: Yes _	No	IF SO, WRITE THEIR NAMES,	AGES, AND ADDRESSES IN THE
			BLANK LINES BELOW:	
1. Thomas	Lewis	AGE 52	She Malone Rd. S	Herman A do 201
2 Viccin	ia A- Lewis	51	4108 Ridge Rel.	SMYTHE GO. 30
3				Smyenz Sa. Sc
4				
5		<u> </u>		
				ossible, the amount of such debts,
	and whether they h	nave since been paid	l.	
	ANSWER: _1/o			
QUESTION	13 - If the decedent left	no children, then gi	ve below the names and address	es (together with other information
	called for), of his si	urviving father, moth	er, brothers and sisters: ANSW	ER:
NAS	NAME	RELATIONSH	P AGE	RESS OR IF NOT LIVING DATE OF DEATH
1				
2				
5				
OUESTION 14	. If the decessed left no	children nor children	of a deceased shild they sive below	Al-
				the names of any deceased brothers
and sisters of	the decedent, together w	ith the other information	on called for: ANSWER:	IF NOT LIVING
and sisters of	the decedent, together w	ith the other information	on called for: ANSWER: DEATH SURVIVING CHILDREN	
And sisters of NAME O	the decedent, together w	DATE OF BIRTH DATE OF	on called for: ANSWER: DEATH SURVIVING CHILDREN	IF NOT LMING DATE OF DEATH
and sisters of NAME C	the decedent, together w	DATE OF BIRTH DATE OF	on called for: ANSWER: DEATH SURVIVING CHILDREN	IF NOT LMING DATE OF DEATH
and sisters of NAME C	the decedent, together w	DATE OF BIRTH DATE OF	on called for: ANSWER: DEATH SURVIVING CHILDREN	IF NOT LMING DATE OF DEATH
and sisters of NAME C	the decedent, together w	DATE OF BIRTH DATE OF	on called for: ANSWER: DEATH SURVIVING CHILDREN Fully 8	IF NOT LMING DATE OF DEATH
and sisters of NAME C	the decedent, together w	DATE OF BIRTH DATE OF	on called for: ANSWER: DEATH SURVIVING CHILDREN	IF NOT LMING DATE OF DEATH
and sisters of NAME of 1	the decedent, together w	DATE OF BIRTH DATE OF	on called for: ANSWER: DEATH SURVIVING CHILDREN Fully 8	IF NOT LMING DATE OF DEATH
and sisters of NAME of 1	the decedent, together w	DATE OF BIRTH DATE OF	DEATH SURVIVING CHILDREN Signature of Affiant	J. Lewis.
And sisters of NAME of 1	the decedent, together w	DATE OF BIRTH DATE OF	DEATH SURVIVING CHILDREN Signature of Affiant	J. Lewis.
and sisters of NAME O 1 2 3 4 Subs	the decedent, together w	DATE OF BIRTH DATE OF	Signature of Affiant day of GRANAL GRANAL	IF NOT LMING DATE OF DEATH
and sisters of NAME O 1 2 3 4 Subs	the decedent, together w	DATE OF BIRTH DATE OF	DEATH SURVIVING CHILDREN Signature of Affiant	J. Lewis.
and sisters of NAME O 1 2 3 4 Subs	the decedent, together w	DATE OF BIRTH DATE OF DATE OF BIRTH DATE OF BIRTH DATE OF BIRTH DATE OF DATE O	Signature of Affiant day of GRANAL GRANAL	J. Lewis.
and sisters of NAME O 1 2 3 4 Subs	the decedent, together w	DATE OF BIRTH DATE OF DATE OF BIRTH DATE OF BIRTH DATE OF BIRTH DATE OF DATE O	Signature of Affiant day of Auch Notary Public	J. Lewis.
and sisters of NAME O 1 2 3 4 Subs	the decedent, together w	ofore me this	Signature of Affiant day of Notary Public RATION AFFIDAVIT	if NOT LIVING DATE OF DEATH L. Lewes. Phen will f
Subs	the decedent, together w	ofore me this	Signature of Affiant day of Auch Notary Public	if NOT LIVING DATE OF DEATH L. Lewes. Phen will f
Subs	cribed and sworn to be on expires:	ofore me this	Signature of Affiant day of Notary Public RATION AFFIDAVIT	if NOT LIVING DATE OF DEATH LEWIS PREMISH PREMISH One making the foregoing affidavit.)
STATE OFCOUNTY OF	cribed and sworn to be on expires:	corrobe (To be s	Signature of Affiant day of March Notary Public PRATION AFFIDAVIT	if NOT LIVING DATE OF DEATH Leves Phenylly one making the foregoing affidavit.)
STATE OFCOUNTY OF	cribed and sworn to be on expires:	CORROBO (To be so oath states: That the	Signature of Affiant day of Augustus Public RATION AFFIDAVIT gned by some person other than the	if NOT LIVING DATE OF DEATH Leves Phenylly one making the foregoing affidavit.)
STATE OFCOUNTY OF	cribed and sworn to be on expires:	CORROBO (To be so oath states: That the	Signature of Affiant day of Augustus Public RATION AFFIDAVIT gned by some person other than the	one making the foregoing affidavit.) of lawful and foregoing affidavit, made by
STATE OFCOUNTY OF	cribed and sworn to be on expires:	CORROBO (To be so oath states: That the	Signature of Affiant day of Augustus Public RATION AFFIDAVIT gned by some person other than the	one making the foregoing affidavit.) of lawful and foregoing affidavit, made by
STATE OFCOUNTY OF	cribed and sworn to be on expires:	CORROBO (To be so oath states: That the	Signature of Affiant day of Augustus Public RATION AFFIDAVIT gned by some person other than the	one making the foregoing affidavit.) of lawful and foregoing affidavit, made by
Subs My commission STATE OF COUNTY	cribed and sworn to be on expires:	CORROBO (To be something states: That the	Signature of Affiant day of Augustus Public RATION AFFIDAVIT gned by some person other than the	one making the foregoing affidavit.) of lawful and foregoing affidavit, made by
Subs My commission STATE OF COUNTY	cribed and sworn to be on expires:	CORROBO (To be something states: That the	Signature of Affiant Aday of Notary Public RATION AFFIDAVIT Igned by some person other than the is true, to the see Signature of Cor	one making the foregoing affidavit.) of lawful and foregoing affidavit, made by
Subs My commission STATE OF COUNTY OF age, being firs	cribed and sworn to be on expires: 17, 2007 MS PLOTE At duly sworn, upon his Lew Ls cribed and sworn to before the sworn to be sworn	CORROBO (To be something states: That the	Signature of Affiant Aday of Notary Public RATION AFFIDAVIT Igned by some person other than the is true, to the see Signature of Cor	one making the foregoing affidavit.) of lawful and foregoing affidavit, made by



(Heirs	hip of ELIZABETH B.	RIKARD De	ceased)	
STATE OF	9/2/			
COUNTY OF DESOTO				
Albe	rt h. Broddrogg	:/		
being first duly sworn, upon his	oath deposes and save		of lawful age) ,
		decedent during his lifetion	ne, having known him for <u>4//</u>	
years, and that affiant bears the	e following relationship to the sai	id decedent, towit:	ne, naving known him for <u>~//</u>	- -
Affiant further states that	at the said decedent departed th	is life at	, in <u>She/he/</u> County, ing <u>ガネ</u> years old al	;
the date of his death.	on or about <u>DRIVER 3-7</u>	, 19 <u>.58,</u> be	ing 142 years old at	
Affiant further states that	the was well acquainted with the	family and near relatives	of the said decedent, and with all	
those who would under the law	s of the State of	5/PP/ be his heirs an	d that the following state-	
and the answers to the following	named questions are based upo	on the personal knowledge of	of affiant and are true and coment	
QUESTION 1 - Did the deceden	t leave a will? ANSWER:	10		
QUESTION 2 - If so, has the will	been admitted to probate - at w	vhat place, and when? AN	SWER:	
QUESTION 3 - Has an administr	rator been appointed for the esta	ate of said deceased? AND	CIAIED. 20	
QUESTION 4 - If so, give the Co	ounty in which the said administr	ation proceedings are neg	ding and the serve and add	
of the administra	ator. ANSWER:		and address	
				
QUESTION 5 - Did the decedent	receive the benefit of any Medic	caid payments? ANSWER	Yes No 2	
If yes, attach cop	by of Division of Medicaid Waive	er of Recovery pursuant to	Section 43-13-317	
QUESTION 6 - Give the name ar	nd address of the surviving wido	w or widower of decedent	ANSWER:	
0011	e date of death Fcb. 25		~	
QUESTION 7 - If the decedent wa	s married more than once, give t	the name of the former hus	band or wife, and state whether	
said former spou	se is dead or divorced.			
	narried only to			
QUESTION 8 - On the blank lines	below, give the names and place	ces of residence of all surv	iving children of deceased.	
together with the	other information called for: ANS	SWER: (Give names of su	viving children only)	
				71
1. Merzid CRIKayd	DATE OF BIRTH DATE OF DEATH	A rollin J. RIKING	ADDRESS OR IF NOT LIVING DATE OF DEATH 72 VOUGhr LM. O.	110 - Bras de
2 Belty R. Olds	1/2856 0	Pauld Holds	60 112111 x 1 x	10 0 10 1 13 x3 m
3			100 0 30 9 11 11 K 71,	Olive Branc
4				
QUESTION 9 - Give below the na	mes of any deceased children of	f the decedent, together wi	th the attention of the state o	
for: ANSWER	in non e	ine decedent, together wi	in the other information called	
NAME OF CHILD	DATE OF BIRTH DATE OF DEATH	SURVIVING	IF NOT LIVING	
1.	- UNITED PRESENT	HUSBAND OR WIFE	DATE OF DEATH	
2				
3	*			
4				

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NAME OF CHILD	DATE OF BIRTH	ISEC SON OF CAUGNTEF OF THE CECEC ADDRESS OR IF NOT LIMING, DATE OF DEATH	IGNT: ANSWER:
UESTION 11 - Did the decedent ha	ive any adopted ch	ildren or sten-children teken ir	oto his home?
			S, AGES, AND ADDRESSES IN THE
		BLANK LINES BELOW:	s, AGES, AND ADDRESSES IN THE
NAME	AGE	ADDRI	
			
			
UESTION 12 - Did the decedent lea	ave any unpaid deb	its; and if so, give as nearly as	possible, the amount of such debts,
and whether they hav	ve since been paid. ルカアントを		production and all of dual, dubis,
		······································	
			sses (together with other information
called for), of his sun	viving father, mothe	er, brothers and sisters: ANS	WER:
NAME	RELATIONSHIP	AGE	ADDRESS OR IF NOT LIVING DATE OF DEATH
NAME OF BROTHER/SISTER D	ATE OF BIRTH DATE OF D	EATH SURVIVING CHILDRE	DATE OF DEATH
		Allest Signature of Affiant	I Brouding
Subscribed and sworn to befo	re me this 29	H day of Maic	h , 102004
		1)	~ PO 1.10
y commission expires:		- Load	me thanul
June 17, 2007		Notary Public	<i>/</i>
			,
	CORROBOR	RATION AFFIDAVIT	•
ATE OF			
0.5	(To be sig	ned by some person other than th	ne one making the foregoing affidavit.)
OUNTY OF 12010	<u> </u>	T Q A 1.	
		ta B. Broadur	, of lawful
e, being first duly sworn, upon his oa	th states: That the	information given in the above	e and foregoing affidavit, made by
albert L. Bro.	adway	is true, to the p	personal knowledge of this affiant.
	V	<u> </u>	a B Broadway orroborating Affiant
Subscribed and sworn to befor	e me this	1 - 2	h 10 2004
commission expires:	<u> </u>	Con	ie Phia Will
June 11, 2007		Notary Public	
~~~~~~		Notary Public	<i></i>



(Heirship ofELIZABETH_B. RIKARDDeceased)
STATE OFMISSISS   DD
COUNTY OF DESOTO
ONFITTA B. BRADWAY
being first duly sworn, upon his oath deposes and says:
That he was personally well acquainted with the above decedent, during his lifetime, having known him for $10$ years, and that affiant bears the following relationship to the said decedent, towit: $SISTER - IN - LAW$
Affiant further states that the said decedent departed this life at, in SHELBY County,  State of TENNESSEE, on or about MARCH 27, 19.58, being 42 years old at
the date of his death.
Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all
he his heirs, and that the fall will be he had a series and that the fall will be he had a series and that the fall will be he had a series and that the fall will be he had a series and that the fall will be he had a series and that the fall will be he had a series and that the fall will be he had a series and that the fall will be he had a series and that the fall will be he had a series and that the fall will be he had a series and that the fall will be he had a series and that the fall will be he had a series and that the fall will be he had a series and that the fall will be he had a series and that the fall will be he had a series and that the fall will be he had a series and that the fall will be he had a series and that the fall will be he had a series and that the fall will be he had a series and the series and the series and the series are series as a ser
and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:
accordingly - bid the decedent leave a will? ANSWER:
QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER:
QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER:
QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address
of the administrator. ANSWER:
QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes No
If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317
QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER:
CALLEY NIVARD
If not living, state date of death Allrusy 25, 2000
QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether
said former spouse is dead or divorced.
ANSWER: MARRIED ONLY TO CULLEY RIKARD
QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased,
together with the other information called for: ANSWER: (Give names of surviving children only)
NAME OF CHILD DATE OF BIRTH IF NOT LIVING DATE OF BERTH HUSBAND OR WIFE IF NOT LIVING DATE OF DEATH CAROLYN JONES RIKARD 72 VAUGHN LN OLIVEBRANCH, MS
BETTY E. RIKARD OLDS 11-28-56 DAVID GARY OLDS GO VAUGHO LN OLIVE BRANCH, MY
3
DUESTION 9 - Give below the names of any deceased children of the decedent, together with the other information called
for: ANSWER: NO DECEASED CHILDREN
NAME OF CHILD DATE OF BIRTH DATE OF DEATH HUSBAND OR WIFE DATE OF DEATH

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QUESTION 10 - Give the names of	of the children of any dece	ased son or daughter of of the state of the	me decedeut: ANSWER	4 6 8 PG 0 6 6 6 PF FATHER AND MOTHER
2				
3				
QUESTION 11 - Did the decede ANSWER: Yes	ent have any adopted ch	IF SO, WRITE THEIR	NAMES, AGES, AND	ADDRESSES IN THE
NAME .	AGE	BLANK LINES BEL	OW:	
1			<del></del>	
3.				
4.				
5.				
QUESTION 12 - Did the decede and whether the ANSWER:	y have since been paid		early as possible, the a	amount of such debts,
QUESTION 13 - If the decedent			d addresses (together	with other information
	s surviving father, mothe		3: ANSWER:	
NAME 1	RELATIONSHI	P AGE	ADDRESS OR IF NOT U DATE OF DEATH	MNG
2				
3				
4				
5				
QUESTION 14 - If the deceased left and sisters of the decedent, togethe	: no children nor children o er with the other informatio	f a deceased child, then n called for: ANSV		any deceased brothers
NAME OF BROTHER/SISTER	DATE OF BIRTH DATE OF I		ING CHILDREN	IF NOT LIVING DATE OF DEATH
1				
3.				
1.				
		Signature of A	tta B. Bro Affiant	adway.
Subscribed and sworn to	before me this	gy day of	Jach 10	2004
My commission expires:			an me Pl	lea Will
June 17, 2007		Notan	y Public	To the second se
<b>^^</b> (	CORROBO	RATION AFFIDAVIT		•
STATE OF	(To be sig	gned by some person oth	er than the one making th	ne foregoing affidavit.)
COUNTY OF VELOTO	Cr	Mry IB	wandervan	, of lawful
ge, being first duly sworn, upon l	his oath states. That the			affidavit, made by
Oneitta B	. Madeire	/ 1	to the personal knowle	
	U		Unit & Bundaure of Corroborating Af	fiant f
Subscribed and sworn to	before me this $29$	day of	arch, 10	2004
ly commission expires: Sune 17, 2007			vanie Ekr	o Duly
- WILL 1, 2001		Notary	Public	,